

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American Dental Association Independent Expenditures Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488338	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Strategic Impact</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2016</b>	
Mailing Address <b>1890 Star Shoot Parkway</b> <b>#17-250</b>		Amount <b>9021.91</b>	
City <b>Lexington</b>	State <b>KY</b>	Zip Code <b>40509-4566</b>	Transaction ID : <b>EA89DE2F9A3954006981</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 08 / 2016</b>
Purpose of Expenditure <b>Direct Mail-Runoff-GA-03</b>		Category/Type	
Name of Federal Candidate <b>Dr. Drew Ferguson</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate
District: <b>03</b> State: <b>GA</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <b>Primary Runoff</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>69758.45</b>	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate
District: _____ State: _____		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>9021.91</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>9021.91</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas Harrison

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 08 / 2016**

Signature